

## MEMORANDUM

**Date:** January 25, 2014

**To:** Prospective Ohio Department of Black Lung Clinics Program Applicants

**From:** Karen Hughes, Chief *KAREN F. HUGHES (MS)*  
Division of Family and Community Health Services  
Ohio Department of Health

**Subject:** Notice of Availability of Funds – Fiscal Year 2015-2017  
July 1, 2014 - June 30, 2015 Budget Period

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Community Health Services and Patient Centered Primary Care (BCHSPCPC), announces the availability of grant funds to support the Ohio Black Lung Clinics Program (BLCP). The purpose of the BLCP is to provide primary care and pulmonary medical care services to coal miners, those with occupational lung disease, and those with lung disease who lack the funds to pay for services and have incomes below 300% of the federal poverty guidelines. Applicants must serve as the medical home for all patients that present for care who do not have a primary care provider. The budget submitted must reflect a projection of an adequate number of users to justify the amount requested.

To obtain a grant application packet:

1. Go to the ODH website at [www.odh.ohio.gov](http://www.odh.ohio.gov);
2. From the home page click on "Funding Opportunities" (under "At A Glance");
3. From the next page click on "ODH Grants;"
4. Next click on "Grant Request for Proposals", this will give you a drop down menu with current RFPs by name; and
5. Select and highlight the Ohio Black Lung Program RFP and click "Submit". This process invokes Adobe Acrobat and displays the entire RFP. You can then read and/or print the document as desired.

All interested parties must submit a GMIS Notice of Intent to Apply for Funding Form (NOIAF) by 4 pm on Friday, February 07, 2014, in order for ODH to create a grant application account number for your organization. This account number will allow you to submit an application via the Internet, using the Grants Management Information System (GMIS) 2.0. All grant applications must be submitted via the Internet, using GMIS 2.0. ODH will assess your Organization's GMIS training needs. The GMIS training will be offered on Wednesday, February 15, 2014. The training is mandatory, if your organization has never been trained on GMIS 2.0. Organizations with previous GMIS 2.0 training will automatically receive a grant application account number upon receipt of a completed Notice of Intent to Apply for Funding form.

A bidder's conference call will be held on Monday, February 10, 2014 at 2:00 PM to answer questions.

All applications and attachments are due by 4 pm on Monday March 31, 2014. Electronic applications received after Monday, March 31, 2014 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted. ODH encourages the immediate submission of the Notice of Intent to Apply for Funding. If you have any questions please contact Phil Styer, Project Coordinator, at (614) 644-8063, by e-mail [phil.styer@odh.ohio.gov](mailto:phil.styer@odh.ohio.gov), or by fax at (614) 564-92432.



**ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET**

# **OHIO DEPARTMENT OF HEALTH**

**DIVISION OF  
FAMILY AND COMMUNITY HEALTH SERVICES  
BUREAU OF  
COMMUNITY HEALTH SERVICES  
AND PATIENT-CENTERED PRIMARY CARE  
OHIO BLACK LUNG CLINICS PROGRAM**

**REQUEST FOR PROPOSALS (RFP)  
FOR  
FISCAL YEAR 2015-17  
(07/01/14 – 06/30/17)  
Local Public Applicant Agencies  
Non-Profit Applicants**

**COMPETITIVE GRANT APPLICATION INFORMATION**

Revised 10/01/13  
For grant starts 02/01/2014 and thereafter

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## **I. APPLICATION SUMMARY and GUIDANCE**

An application for an Ohio Department of Health (ODH) grant consists of a number of required parts – an electronic component submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted by the due date indicated in sections D and G will result in the entire application not being considered for review.**

The application summary information is provided to assist your agency in identifying funding criteria:

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all subgrantee applications. The GAPP manual is available on the ODH website <http://www.odh.ohio.gov>. (Click on Our Programs, Funding Opportunities, ODH Funding Opportunities, ODH Grants). Please refer to Policy and Procedure updates found on the GMIS bulletin board.
  
- B. Application Name:** **Ohio Black Lung Clinics Program**
  
- C. Purpose:** The Black Lung Clinics Program (BLCP) is funded under the Black Lung Benefits Reform Act of 1977 (Public Law 95-239), as amended. It reinstates the authority of the Secretary of Health and Human Services under the Federal Mine and Safety Act to support clinics to evaluate and treat coal miners with respiratory impairments. The purposes of this program are to: (1) seek out and provide services to miners (active and inactive) with the intention of minimizing the effects of respiratory impairment or improving the health status of miners or coal miners exposed to coal dust as a result of employment; and (2) increase coordination with other services and benefits programs to meet the health-related needs of this population. **Miner or coal miner** means any individual who works or has worked in or around a coal mine or coal preparation facility in the extraction or preparation of coal. The term also includes an individual who works or has worked in coal mine construction or transportation in or around a coal mine, to the extent that the individual was exposed to coal dust as a result of employment. Black Lung or Black Lung Disease (BLD), as used in the legislation, is not a precise medical term, but includes several medically defined conditions and implies either existing or prospective disability due to occupationally related respiratory and pulmonary impairment among current and former coal workers.
  
- D. Qualified Applicants:** All currently funded applicants, Ohio Federally Qualified Health Centers, and not for profit organizations are eligible to apply. Local public and/or non-profit agencies can apply. Applicant agencies must attend or document in writing prior attendance at GMIS 2.0 training and must have the capacity to accept an electronic funds transfer (EFT) and provide services consistent with the medical home model either directly or by referral for a miner or other eligible patients and provide primary care and/or pulmonary rehabilitation services. All applicants that are not Federally Qualified Health

Centers (FQHC) must provide a signed Memorandum of Agreement (MOA) of their partnership with an FQHC, or similar safety net provider in the service area. All applicants must demonstrate a previous history of providing health care services to a minimum of 50 active or retired coal miners in the previous year, and provide documentation that they are an approved United States Department of Labor Black Lung Testing site.

The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by 4:00 p.m. on Monday, (March 31, 2014).

**E. Service Area:** Applicants must provide by county the areas where they will provide services.

**F. Number of Grants and Funds Available:** Up to two grants may be awarded for a total amount of \$465,500. Eligible agencies may apply for \$232,750.

*No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.*

**G. Due Date:** All parts of the application must be completed and received by ODH electronically via GMIS or via ground delivery by 4:00 p.m. on Monday, March 31, 2014. Applications and required attachments received late will not be considered for review.

Contact Phillip Styer, Project Administrator, at (614) 644-8063, or [phil.styer@odh.ohio.gov](mailto:phil.styer@odh.ohio.gov) with any questions. Enter the contact name listed under "Programmatic, Technical Assistance and Authorization for Internet Submission."

**H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill \_\_\_\_\_ and/or the Catalog of Federal Domestic Assistance (CFDA) Number 93.965.

**I. Goals:** The BLCP is administered in compliance with Federal Policy Information Notice 2002-08, see <ftp://ftp.hrsa.gov/bphc/docs/2002pins/2002-08.pdf>. Applicants are required to review this PIN for information about the program goals. The five core service goals are: outreach, primary care, patient education including health and benefits counseling, patient care coordination and pulmonary rehabilitation.

**J. Program Period and Budget Period:** The program period will begin July 1, 2014 and end on June 30, 2017. The budget period for this application is July 1, 2014 through June 30, 2015.

**K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. This grant program will address

**PHAB standard 7.1 Access Health Care Capacity and Access to Health Care Services. The PHAB standards are available at the following website:**

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-Overview-Version-1.0.pdf>

**L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.

1. *Public Health Impact Statement Summary* - Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

- a) The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:
  - A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups);
  - A summary of the services to be provided or activities to be conducted; and,
  - A plan to coordinate and share information with appropriate local health districts.

The applicant must submit the above summary as part of their grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. *Public Health Impact Statement of Support* - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that when the program summary is submitted with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support must be submitted from at least one local health district, if available.

**M. Incorporation of Strategies to Eliminate Health Inequities**

Health Equity Component (Standard Health Equity Language)

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities and Ohio's economically disadvantaged residents experience health inequities in a way that does not afford them the same opportunities as other groups to be healthy. The same is true for Ohio's coal mining and removal areas. People living in coal mining areas experience persistent higher mortality, chronic disease, and poverty rates. Each ODH sub grantee is required to address health disparities and inequities in a way that is relevant to the grant program. Black Lung disease disproportionately impacts certain

populations. These include white males ages 35 to 55 years who have previously worked in the coal mining industry; individuals who works or has worked in or around a coal mine, coal preparation facility, coal mine construction or transportation, or those exposed to coal dust as a result of employment. The various components of your program narrative should outline your efforts to address disparities in healthcare access and health outcomes for these target audiences. This also includes those with occupational lung disease and those with lung disease that lack the funds to pay for services and have incomes below 300% of the federal poverty guidelines living in a coal mining area. Explain the extent to which health disparities and/or health inequities are manifested. Also explain how specific social and environmental conditions put the target audience at increased risk for black lung disease.

The following section will provide basic framework and links to information to understand health equity concepts.

*Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:*

*Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Health disparities are unnatural and can occur because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

For more resources on health equity, please visit the ODH website at:

<http://www.healthyohioprogram.org/healthequity/equity.aspx>.

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subgrantee agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the RFP to the ODH website and the receipt of the Notice of Intent to Apply for Funding (NOIAF). Please contact Phillip Styer at (614) 644-8063, or [phil.styer@odh.ohio.gov](mailto:phil.styer@odh.ohio.gov) to whom the applicant agency can contact for questions regarding this RFP.

Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for Internet submission.

- P. Acknowledgment:** An 'Application Submitted' status will appear in GMIS that acknowledges ODH system receipt of the application submission.

- Q. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, March 31, 2014.**

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit, Central Master Files; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

- R. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.

- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application for a given period, written notification, issued under the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.

- T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe specific objectives, activities, milestones and outcomes with respect to time-lines and resources;

5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the RFP;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to GAPP, Chapter 100;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases, health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Applicant describes activities which supports the requirements outlined in sections I. thru M. of this RFP.

*Programs will include a scoring sheet (Appendix B) and/or provide further details of scoring.*

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given RFPs. **There will be no appeal of the Department's decision.**

- U. Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service.
- V. Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Community Health Services and Patient-Center Primary Care and as a sub-award of a grant issued by [U.S. department of Health and Human Services] under the [Black Lung Clinics Program] grant, grant award number [H37H00054], and CFDA number

[93.965].”

- W. Reporting Requirements:** Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the requirements of the ODH GAPP manual. Reports must be received in accordance with the requirements of the ODH GAPP manual and this RFP before the department will release any additional funds.

**Note: Failure to assure the quality of reporting by submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.**

Reports shall be submitted as follows:

- 1. Program Reports:** subgrantees Program Reports must be completed and submitted via GMIS or the Subgrantee Performance Evaluation System (SPES), as required by the subgrant program by the following dates: (Quarterly Reports, October 15, 2014, January 15, 2015, April 15, 2015, July 15, 2015, Grant Year Report July 15, 2015 via GMIS. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. **Program Reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

*Submission of Subgrantee Program Reports via the ODH’s (GMIS or SPES) indicates acceptance of the ODH GAPP.*

- 2. Periodic Expenditure Reports:** Subgrantee Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: for the period July 1, 2014-September 30, 2014 due by October 15, 2014, for the period October 1, 2014-December 31, 2014 due by January 15, 2015, for the period January 1, 2015-March 31, 2015 due by April 15, 2015 and for the period April 1, 2015 – June 30, 2015 due by July 15, 2015.
- 3. Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before August 15, 2015. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as an invoice to return unused funds.

*Submission of the Periodic and Final Subgrantee Expenditure reports via the GMIS system indicates acceptance of ODH GAPP. Clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.*

- 4. Inventory Report:** A list of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS as

part of the subgrantee Final Expenditure Report. At least once every two years, inventory must be physically inspected by the subgrantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

**X. Special Condition(s):** Responses to all special conditions **must be submitted via GMIS within 30 days of receipt of the first quarter payment.** A Special Conditions link is available for viewing and responding to special conditions. This link is viewable only after the issuance of the subgrantee's first payment. The 30 day time period, in which the subgrantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.

**Y. Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying; but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines and penalties;
9. Membership fees -- unless related to the program and approved by ODH;
10. Interest or other financial payments (including but not limited to bank fees);
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
  
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> then click on most recent Mileage Reimbursement memo.)
17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts for compensation with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of

Congress or the Ohio General Assembly in connection with awarding of grants;

**Use of grant funds for prohibited purposes will result in the loss and/or recovery of those funds.**

**Z. Client Incentives:** Client incentives are **an unallowable** cost.

**Client Enablers:** Client enablers are **an unallowable** cost.

Recipients of incentives must sign a statement acknowledging the receipt of the incentive and agreeing to the purpose(s) of the incentive. Subgrantees are required to maintain a log of all client incentives and enablers purchased and distributed. These files must be readily available for review during your programmatic monitoring visit.

**AA. Audit:** Subgrantees currently receiving funding from the ODH are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but not later than nine months after the end of the subgrantee's fiscal year.

Subgrantees that expend \$500,000 or more in federal awards per fiscal year are required to have a single audit. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB Circular A-133.

Subgrantees that expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to the ODH, Grants Services Unit, Central Master Files address within 30 days. Reference: GAPP Chapter 100, Section 108 and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

**Subgrantee audit reports** (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed-through the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

**AB. Submission of Application**

**Formatting Requirements:**

- Properly label each item of the application packet (ex. budget narrative, program narrative, etc.).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program narrative should not exceed 06 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

<p><b>Complete &amp; Submit Via Internet</b></p>
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1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
  - Primary Reason
  - Funding
  - Cash Needs
  - Justification
  - Personnel
  - Other Direct Costs
  - Equipment
  - Contracts
  - Compliance Section D
  - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Electronic Funds Transfer (EFT) form (**Required if new agency, thereafter only if banking information has changed.**)
9. IRS W-9 Form (**Required if new agency, thereafter only when tax identification number or agency address information has changed.**) **One of the following forms must accompany the IRS W-9 Form:**
  - a. Vendor Information Form (**New Agency Only**)
  - b. Vendor Information Change Form (**Existing agency with tax identification number, name and/or address change(s).**)
  - c. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s).**)
10. Public Health Impact Statement
11. Statement of Support from the Local Health Districts

- 12. Liability Coverage (**Non-Profit organizations only; proof of current liability coverage and thereafter at each renewal period.**)
- 13. Evidence of Non-Profit Status (**Non-Profit organizations only**)
- 14. Attachments as required by Program |Appendix C. Black Lung Reporting Form, Assurances, Needs Assessment |

One copy of the following documents must be e-mailed to [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov) or mailed to the address listed below:

**Complete  
Copy &  
E-mail or  
Mail to  
ODH**

- 1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

**Ohio Department of Health  
Grants Services Unit  
Central Master Files, 4<sup>th</sup> Floor  
246 N. High Street  
Columbus, Ohio 43215**

One copy of the following documents must be mailed to the address listed below:

**Complete  
Copy &  
Mail To  
ODH**

- 1. An original and |00| copies of **Attachments** (non-Internet compatible) as required by program: **NONE** |

**Ohio Department of Health  
Grants Services Unit  
Central Master Files, 4<sup>th</sup> Floor  
246 N. High Street  
Columbus, Ohio 43215**

**II. APPLICATION REQUIREMENTS AND FORMAT**

Access to GMIS, will be provided after GMIS training for those agencies requiring training. All others will receive access after the RFP is posted to the ODH website.

*All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH’s GMIS system indicates acceptance of ODH GAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and*

*acceptance of GAPP rules and regulations in lieu of an executed Signature Page document.*

- A. **Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. **Budget:** Prior to completion of the budget section, please review page 08 of the RFP for unallowable costs.
- C. Match or Applicant Share is not required by this program. Do not include Match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.
  - 1. **Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103.3 Cost Allocation Plan and the Compliance Section of the application for additional information.
  - 2. **Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period July 1, 2014 to June 30, 2015.

Funds may be used to support personnel, their training, travel (see OBM website) <http://obm.ohio.gov/MiscPages/TravelRule> and supplies directly related to planning, organizing and conducting the initiative/program activity described in this announcement.

The applicant shall retain all contracts on file. The contracts should not be sent to ODH. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. The submitted CCA must be approved by ODH before contractual expenditures are authorized.

**CCAs cannot be submitted until after the 1<sup>st</sup> quarter grant payment has been issued.**

The applicant shall itemize all equipment (**minimum \$300 unit cost value**) to be purchased with grant funds in the Equipment Section.

- 3. **Compliance Section D:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*
- 4. **Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect

the best estimate of need by quarter but not to exceed 25 percent of the funds being provided by ODH. Failure to complete and balance this section will cause delays in receipt of grant funds.

- C. Assurances Certification:** Each subgrantee must submit the Assurances (Federal and State Assurances for Sub-grantees) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

**D. Project Narrative:**

- 1. Executive Summary: Limit one page.** Identify the target population, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. Describe the public health problem(s) that the program will address.
- 2. Description of Applicant Agency/Documentation of Eligibility/Personnel:** Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.

- 3. Problem/Need:** According to recent data from the Ohio Black Lung Clinic Report, most clinic patients are 60 to 75 and 40 to 59 years of age. The report also indicates most patients are former or retired miners and men who have worked in other occupationally related jobs. Active miners are seen the least. The medical user diagnostic mix indicates patients have been diagnosed with black lung and other occupational lung diseases. Please explain how your program will work with the emerging retired cohort of white males 40-59 years of age to proactively engage in services prior to retirement. And, how will your program increase the number of retired miners who receive services at your site? Please refer to the Ohio Black Lung Clinic Program’s Bivariate Thematic Maps provided on the ‘Frequently Asked Questions’ link at:

[http://www.odh.ohio.gov/en/odhprograms/chss/pcrh\\_programs/pcrhfaqs/blfaqs.aspx](http://www.odh.ohio.gov/en/odhprograms/chss/pcrh_programs/pcrhfaqs/blfaqs.aspx)

In addition, identify and describe the local health status concern that will be addressed by the program. Only restate national and state data if local data is not available. The specific **health status concerns that the program intends to address may be stated in terms** of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

*Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.*

*Include a description of other agencies/organizations, in your area, also addressing this problem/need.*

- 4. Methodology: Limit 2 pages.** In narrative form, identify the program goals, **Specific, Measureable, Attainable, Realistic & Time-Phased (SMART) process, impact, or outcome objectives** and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed will address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

**E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Sub-grantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

**F. Federal Funding Accountability and Transparency Act (FFATA) Requirements:**

FFATA was signed on September 26, 2006. FFATA requires ODH to report all subgrants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA Reporting Form in GMIS.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) and a Central Contractor Registration Number (CCR) and submit the information in the grant application, Attachment B. For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about CCR go to [www.ccr.gov](http://www.ccr.gov).

Information on Federal Spending Transparency can be located at [www.USAspending.gov](http://www.USAspending.gov) or the Office of Management and Budget's website for Federal Spending Transparency at [www.whitehouse.gov/omb/open](http://www.whitehouse.gov/omb/open).

**(Required by all applicants, the FFATA form is located on the GMIS Application Page and must be completed in order to submit the application.)**

- G. Public Health Accreditation Board Standards:** Attach in GMIS the PHAB Standards that will be addressed by grant activities.
- H. Public Health Impact:** Only for applicants which are not local health departments, attach in GMIS the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s).
- I. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by 4:00 p.m. on or before (March 31, 2014).

### **III. APPENDICES**

- A.** GMIS Training Form
- B.** Application Review Form
- C.** Program Reporting Form, Assurances, Needs Assessment |
- D.** Notice of Intent to apply for Funding.

## GMIS 2.0 TRAINING REQUEST (Competitive Cycle ONLY)

This document is to be used for GMIS 2.0 during a competitive cycle only. **EACH** person requesting training must complete a form. Requests will only be honored when form is signed by your **Agency Head** or **Agency Financial Head**. Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH.

Grant Program: \_\_\_\_\_ RFP Due Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Salutation: (Dr., Mrs., etc.) \_\_\_\_\_

User's Name: (no nicknames, please) \_\_\_\_\_

User's Job Title: (ex.: Program Director) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Agency/Financial Head Signature: \_\_\_\_\_

(\*Signature of Agency/ Financial Head)

\_\_\_\_\_  
(\*Printed Name of Agency /Financial Head)

**TRAINING REQUEST FORMS MUST BE SUBMITTED WITH THE NOTICE OF INTENT TO APPLY FOR FUNDING FORM**

Users will receive his/her username and password via e-mail once they have completed training.

NOTICE OF INTENT TO APPLY FOR FUNDING  
Ohio Department of Health  
Division of Family and Community Health Services  
Bureau of Community Health Services and Patient-Centered Primary Care

ODH Program Title:

**Ohio Black Lung Clinics Program**

ALL INFORMATION REQUESTED MUST BE COMPLETED.

(Please Print Clearly or Type)

County of Applicant Agency \_\_\_\_\_ Federal Tax Identification Number \_\_\_\_\_

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency (Check One)  County Agency  Hospital  Local Schools  
 City Agency  Higher Education  Not-for Profit

Applicant Agency/Organization \_\_\_\_\_

Applicant Agency Address \_\_\_\_\_  
\_\_\_\_\_

Agency Contact Person Name and Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Agency Head (Print Name) \_\_\_\_\_ Agency Head (Signature) \_\_\_\_\_

Does your agency have at least two staff members who have been trained in and currently have access to the ODH GMIS 2.0 system?  YES  NO

If yes, no further action is needed.

If no, at least two people from your agency are REQUIRED to complete the training before you will be able to access the ODH GMIS 2.0 system and submit a grant proposal. Fill out the training request form in the Request for Proposal. **The training form must be submitted with the Notice of Intent to Apply for Funding, W-9 form, EFT form, Proof of Liability (if applicable) and Proof of Non-Profit (if applicable).**

Mail, E-mail or Fax to: Phillip Styer, PA3, (614) 644-8063 phil.styer@odh.ohio.gov

Ohio Department of Health Black Lung Clinics Program  
246 North High Street – 7<sup>th</sup>  
Columbus, OH 43215  
E-mail: phil.styer@odh.ohio.gov  
Fax: (614) 564.2432

NOTICE OF INTENT TO APPLY FOR FUNDING (NOIAF), W-9 form (one of the following must accompany the W-9: 1) Vendor Information Form (New Agency Only), 2) Vendor Information Change Form (Existing agency with tax identification number, name and/or address change(s)), 3) Change request in writing on Agency letterhead (Existing agency with tax identification number, name and/or address change(s)), EFT form, PROOF OF LIABILITY (if applicable), AND PROOF OF NON-PROFIT (if applicable) MUST BE RECEIVED BY February 15, 2014 NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by the due date. NOIAF's considered late will not be accepted.

**Ohio Department of Health  
Competitive Application Grant Reviewer Rating Form**

Program Name: \_\_\_\_\_ Reviewer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Agency: \_\_\_\_\_ GMIS # \_\_\_\_\_

County(s) to be Served: \_\_\_\_\_ Total Requested Budget: \$ \_\_\_\_\_

Section	Maximum Points	Score
1. Executive Summary	10	
2. Description of Applicant agency/Eligibility/Personnel	10	
3. Problem/Need	15	
4. Budget	15	
5. Methodology	15	
6. Program Requirements	30	
7. Application Requirements	5	
<b>Total</b>	<b>100</b>	

**Overall Application Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Approval of Application as Submitted**

**Approval of Application with Special Conditions: (Please List)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Disapproval of Application: (Statement of Rational)**

\_\_\_\_\_

	Max	Score	Comments: Strengths, Weaknesses
<b>Project Narrative Section</b>			
<b>1. <u>Executive Summary</u></b>			
Identifies the target population, services and programs to be offered.	4		
Identifies what agency or agencies will provide the services.	2		
Defines the burden of health disparities and health inequities.	2		
Describes the health problem that the program will address.	2		
<b>Executive Summary Total</b>	<b>10</b>		
Overall Executive Summary Comments:			
<b>2. <u>Description of Applicant Agency/ Documentation of Eligibility/Personnel</u></b>			
Briefly describes the applicant agency's eligibility to apply	2		
Adequately summarized the agency's structure as related to this program and as the lead agency, how it will manage the program	2		
Described capacity of organization, personnel or contractors, to communicate in a manner easily understood by diverse audiences	2		
Noted personnel and/or equipment deficiencies. If personnel deficient described plans for hiring and training, if necessary	1		
Delineated all personnel who will be involved in the program activities. Position Descriptions were included for the staff identified.	1		
Adequately described the relationship between program staff, staff members and other partners/agencies who are working on this program.	2		
<b>Description of Applicant Agency/ Documentation of Eligibility/Personnel Total</b>	<b>10</b>		
Overall Description of Applicant Agency Comments:			

	Max	Score	Comments: Strengths, Weaknesses
<b>3. <u>Problem/Need</u></b>			
Identified and clearly described the local health status concern	3		
Discussed local and/or state data used	3		
Discussed specific health status concerns that the program intends to address (morbidity/mortality) or health system indicators	3		
Clearly describes segments of the target population who have a disproportional burden of the local health status concern or who are at an increased risk for the problem addressed by this funding opportunity.	3		
Identifies and describes other agencies/organizations which address the same problem/need.	3		
<b>Problem/Need Total</b>	<b>15</b>		
Overall Problem/Need Comments			
<b>Budget Narrative Section</b>			
<b>4. <u>Budget</u></b>			
Includes a detailed budget justification narrative that matches the budget in GMIS and relates expenses to program activities.	5		
Clearly describes how categorical costs are derived.	3		
Adequately discusses the necessity, reasonableness and allocability of proposed costs. Budget is adequate to meet the goals and objectives of the program.	3		
Personnel, Other Direct Costs, Equipment, and Contracts are identified and appropriate to program scope of work, Clearly describes the specific functions of the personnel, consultants and collaborators. Adequately explains and justifies equipment, travel, supplies, and training costs	4		
<b>Budget Total</b>	<b>15</b>		

	<b>Max</b>	<b>Score</b>	<b>Comments:</b> Strengths, Weaknesses
Overall Budget Comments:			
<b>Methodology Section</b>			
<b>5. <u>Methodology</u></b>			
Narrative identifies program goals, process, impact or outcome (SMART) objectives and activities and they indicate how they will be evaluated to determine success. Applicant included a program activities timeline identifying program objectives, activities and the start and completion dates for each. The five basic goals of the program are addressed.	<b>10</b>		
Program objectives include language that addresses health disparities.	<b>2</b>		
Program objectives include a goal that addresses effort to improve the safety of coal miners in their working environment	<b>3</b>		
<b>Methodology Total</b>	<b>15</b>		
Overall Methodology Comments:			

	Max	Score	Comments: Strengths, Weaknesses
<b>Program Requirements</b>			
<b>6. <u>Program Requirements</u></b>			
1. History of serving annually 50 coal miners	5		
2. US DOL Black Lung Testing Site	5		
3. Have a 340 B Pharmacy	5		
4. AACVPR Certified Pulmonary Rehabilitation Program	5		
5. Provide benefits counseling and case management	5		
6. Assurances Signed	5		
<b>Program Requirements Total</b>	<b>30</b>		

	<b>Max</b>	<b>Score</b>	<b>Comments:</b> Strengths, Weaknesses
Overall Comments:			

	Max	Score	Comments: Strengths, Weaknesses
<b>Application Requirements</b>			
<b>7. <u>Application Requirements</u></b>			
Identified the Public Health Accreditation Board (PHAB) Standard (s) that will be addressed by grant activities. Uploaded as an attachment in GMIS the document will identify the PHAB Standards that will be addressed by grant activities.	2		
Public Health Impact Statement Summary for non-public health applicants. <ul style="list-style-type: none"> <li>Public Health Summary</li> <li>Public Health Impact Statement of Support</li> </ul>	Yes	No	This item is verified only, not scored
Formatting requirements met <ul style="list-style-type: none"> <li>Properly label each item of the application packet (ex. budget narrative, program narrative, etc.).</li> <li>Each section should use 1.5 spacing with one-inch margins.</li> <li>Program and Budget narratives must be submitted in portrait orientation on 8 ½ by 11 paper.</li> <li>Number all pages (print on one side only).</li> <li>Program narrative should not exceed 06 pages (excludes appendices, attachments, budget and budget narrative).</li> <li>Use a 12 point font.</li> <li>Forms must be completed and submitted in the format provided by ODH.</li> </ul>	3		
<b>Application Requirements Total</b>	<b>5</b>		
Overall Header Comments:			
<b>Grand Total</b>	<b>100</b>		

\_\_\_\_\_  
Grant Reviewer Signature

\_\_\_\_\_  
Date

Attachment C  
Ohio Black Lung Clinic Quarterly and Grant Year Report Form  
Program Assurances  
Needs Assessment

Ohio Black Lung Clinic Report

July 1, 2014 – June 30, 2015  
Revised 12.3.13

This report contains:

1. Black Lung Activity Report
2. Black Lung Health Equity Report
3. Patient Education Report
4. Ohio Black Lung Pulmonary Rehabilitation Outcomes
5. Patient Care Report

Signature  
Project Director and Outreach Coordinator

12.03.13

**Table 1: Age Groups**

Age	Number of Total users	Number of Coal Miners
Under 40		
40 – 59		
60-75		
Over 75		
Total		

**Table 2: Gender**

Gender	Number of Total Users	Number of Coal Miners
Male		
Female		
Total		

**Table 3: Ethnicity**

Ethnicity	Number of Total Users	Number of Coal Miners
Hispanic/Latino	0	0
Total	0	0

**Table 4: Race**

Race	Number of Total Users	Number of Coal Miners
African American or Black		
Asian		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaska Native		
White		
More than one race		
Unknown		
Total		

**Table 5: Medical User Diagnostic Mix**

Primary Pulmonary Diagnosis	Number of Medical Users in Current Year
Black Lung (Includes patients with obstructive and restrictive impairments caused by coal mine dust exposure)	
Mining Related Lung Disease (related to mining other than coal)	
Other Occupational Lung Disease (disease not related to mining, i.e. asbestosis, occupational asthma, hypersensitivity pneumonitis, etc.)	
Non-Occupational Lung Disease (disease such as COPD from tobacco, non-occupational asthma, TB, etc.)	
At Risk	
Total	

**Table 6: Medical User Occupation Mix**

Occupation	Number of Medical Users
Active Miner	
Former/Retired Miner	
Other Occupationally Related	
Other	
Total	

**Table 7: Level of Disability**

	Level I	Level II	Level III	Level IV	Level V
Black Lung					
Occupational Lung Disease					
Non Occupational Lung Disease					
At Risk					
Referred for Appropriate Treatment					
Total					

**Table 8: Encounters**

<i>Encounter type</i>	<i>Number of Encounters Total</i>	<i>Number of Encounters to Miners</i>	<i>Number of Encounters to Users with Black Lung</i>
Medical Encounter			
Non-Medical Encounter			
Benefits Counseling			
<b>Total</b>			

**Table 9: Project Revenues**

<b>Project Revenues Beginning: 07.01.13</b>	<b>Ending: 09.30.13</b>		
Federal Black Lung Grant			
State Funding			
3 <sup>rd</sup> Party-Dept. of Labor			
Fed. Black Lung			
3 <sup>rd</sup> Party-Medicare			
3 <sup>rd</sup> Party-Medicaid			
3 <sup>rd</sup> Party-UMW Benefits			
3 <sup>rd</sup> Party-Other Insurance			
Patient Revenues			
Total Revenue:			

**Table 10: Pulmonary Rehabilitation**

Total Miners Completed Pulmonary Rehabilitation:	
Total Miners that Show Improvement:	
Total Miners Referred to Pulmonary Rehabilitation:	

Total Users Completed Pulmonary Rehabilitation:	
Total Users that Show Improvement:	
Total Users Referred to Pulmonary Rehabilitation:	

**Table 11a: Outreach/education activities**

<b>Outreach/Education Activities</b>	<b>Report Total Number</b>
Telephone encounters	
Patient Follow-up (mailings/phone calls)	
Immunizations	
Total	

**Table 11b: Outreach/education activities: presentations**

<b>Outreach Presentations</b>	<b>Number of Presentations</b>	<b>Number of Participants</b>
Presentations: community meetings, health fairs, education classes, etc.		

**Table 12: Procedures/Services**

<b>Procedure/Service</b>	<b>Number Provided</b>
<b>CLINICAL EXAMS:</b>	
Initial Health Assessment (history & physical)	
DOL Exams	
Follow-up exam	
<b>PULMONARY FUNCTION/RX:</b>	
Simple Spirometry Test	
Spirometry Pre & Post Bronchodilator	
Diffusion Capacity	
Lung Volume	
Arterial blood gas (resting)	
Arterial blood gas (exercise)	
Bronchoprovocation Challenge	
Pulse Oximetry (Resting)	
6 minute walk test	
Full exercise physiology with metabolics	
<b>IMAGING:</b>	
Chest x-ray	
B-reading	
Other Chest Imaging	
<b>REHAB:</b>	
Phase II Pulmonary Rehabilitation – Outpatient Pulmonary Rehab (patient sessions)	
Phase III Pulmonary Rehabilitation – Maintenance (patient sessions)	
<b>AUDIOMETRY/HEARING:</b>	
Audiometry	
<b>HEALTH MAINTENANCE:</b>	
Influenza Vaccine	
Pneumovax Vaccine	
Smoking Cessation Patient Sessions	

**Table 13: Benefits Counseling Activities**

Federal DOL Claim Applications filed	
Depositions	
Modifications	
Hearings	
Federal DOL Interim Awards	
Federal DOL ALJ Awards	
Federal DOL Denials	
Federal DOL Appeals	
Federal DOL Claims Withdrawn	

**2015 Black Lung Health Equity Report**  
**Patients who Live Alone (LAL) Total Patients & Outcomes**  
**07.014-.06.30.15**

<b>LAL</b>	<b>Patients</b>	<b>Total</b>	<b>Percent</b>
Male LAL			
Female LAL			
<b>Total LAL</b>			
<b>Total Clinic Male</b>			
<b>Total Clinic Female</b>			
Referral:			
AAA			
Adult Protective Services			
BBC			
Meals on wheels			
Senior Citizens Center			
VA			
UMW			
Other:			
Given a list of local services			

**Patient Origin by County**

	<b>County</b>	<b>Clinic</b>	<b>7.1-.9.14-</b>	<b>10.1-12.14</b>	<b>1.15.3.15</b>	<b>4.15.6.15</b>	<b>Total</b>
1	Belmont						
2	Carroll						
3	Columbiana						
4	Harrison						
5	Jefferson						
6	Mahoning						
7	Monroe						
8	Stark						
9	Tuscarawas						
10	Athens						
11	Coshocton						
12	Jackson						
13	Muskingum						
14	Noble						
15	Perry						
16	Vinton						
	<b>TOTAL</b>						
	<b>Secondary</b>	<b>Service</b>	<b>Area</b>				
17	Fairfield						
18	Gallia						
19	Guernsey						
20	Hocking						
21	Holmes						
22	Licking						
23	Morgan						
24	Meigs						
25	Ross						
26	Washington						
27	Clark						
28	Portage						
29	Lake						
	<b>TOTAL</b>						
	<b>OHIO</b>	<b>TOTAL</b>					

**WV**

	<b>County</b>	<b>Clinic</b>	<b>7.1.9.14</b>	<b>10.1.12.14</b>	<b>1.15.3.15</b>	<b>4.15.6.15</b>	<b>Total</b>
1	Brooke	East					
2	Ohio	East					
3	Marshall	East					
4	Tyler	East					
5	Wetzel	East					
6	Hancock	East					
7	Other WV	East					
8	Other PA	East					
10	Illinois	East					
	<b>WV/Other Totals</b>						
	<b>T O T A L</b>						

**2014-15 Patient Education Report  
Pulmonary Knowledge Pre- and Post -Test  
7.01.14 – 6.30.15**

Question	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Total
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

**Instructions**

1. Enter the number of times each question was answered incorrectly on the pretest.
2. Enter the number of times each question was answered incorrectly on the post test.
3. There will be two numbers in each cell: 10/5.
4. Explain why you believe the question was missed and what changes in teaching method, materials or approach are proposed to enhance the patients learning.
5. Summarize the results for a presentation at each Advisory Board meeting.
6. Total the results at the end of the year, and describe changes implemented during the year that resulted in improved test score outcomes, and recommendations for improving the patient education program in the upcoming year.

**Pulmonary Rehabilitation Outcome Measures  
7.01.14 – 6.30.15**

**XX** patients completed pulmonary rehabilitation during this quarter.

**Six Minute Walk Distance:**

**XX%** of patients increased six minute walk distance at program completion.

Average 6 MW distance pre- program	000 feet
Average 6 MW distance post-program	000 feet
Average 6 MW improvement	000 feet

**Pulmonary Health Knowledge:**

**XX%** of patients showed an increase in pulmonary health knowledge post program.

**XX%** tested at 100% pre- and post-program.

**Dyspnea:**

**XX%** of patients reported a lessening of dyspnea post-program.

**Activities of Daily Living (ADLS):**

**XX%** of patients reported less difficulty with ADLS post-program.

**Quality of Life:**

**XX%** of patients reported improvement in quality of life.

**XX%** reported no change.

### **Health Plan and Business Plans**

Provide a narrative update of each Health and Business Plan goal for 2014 if appropriate. Indicate if the goal has been met, changed or if it is ongoing.

Provide a copy of the 2015 Health and Business plans including a coal miner safety goal.

Provide a copy of the 2015 Outreach Plan.

## OHIO BLACK LUNG CLINICS PROGRAM ASSURANCES

Applicants must provide signed assurance that the following Black Lung Clinics Program components will be in place by July 1, 2014.

1. Assurance that the applicant has read and will comply with the requirements of **Federal Policy Information Notice 2002-08** Black Lung Clinics Program Expectations and Principles of Practice <ftp://ftp.hrsa.gov/bphc/docs/2002pins/2002-08.pdf>
2. Assurance that the applicant uses a **sliding fee scale (SFS)** based on 200% of current federal poverty level guidelines (FPL) (See: <http://aspe.hhs.gov/poverty/index.shtml#latest> ) with sufficient proportional increments for clients with incomes between 101-200% of the current federal poverty guidelines, and assurance that services are provided to all patients regardless of their ability to pay. Applicants must submit their policy of loss recovery for patients on SFS, and that clients who self-declare their income with a signed statement are evaluated annually for continued eligibility;
3. Assurance that the applicant publishes a **fee schedule** that is made available to the public and includes fees for primary care services and all other services including pulmonary rehabilitation, education, maintenance programs and medications, and assurances that the fee schedule is included in the grant application;
4. Assurance that patients receiving care by the applicant will have access to **medications through the federal 340B Drug Pricing program**, or a similarly priced discount program;
5. Assurance that the applicant has a **Medical Director** to see patients, review all policies and procedures and oversee all quality assurance activities, and that **pulmonary rehabilitation sites have a pulmonologist**, or other physician trained in lung disease on staff to see patients, and who at least annually reviews standing protocols and conducts a review of 20% of Medical records/treatment plans as part of the monthly quality assurance activities;
6. Assurance that the applicant will serve as the **medical home** either directly or through referral for any coal miner, patient with occupational lung disease, or other patient with income below 200% of FPL who presents for care and who does not have a primary care provider;
7. Assurance that the applicant will use the services of a **patient care coordinator (PCC)** to: coordinate care plans for all patient services funded by Black Lung grant funds and to develop a system to track all patient referrals, will provide a quarterly report of trend activity, and assurance that the applicant will submit a job description for this staff member;
8. Assurance that patient **education protocols** are in place for all patients, that evidence of patient education is appropriately documented in patients' charts, **that all patients are given the accepted pre and post-test of lung health knowledge, and that the document "Living Well with Chronic Lung Disease, A Guide for Pulmonary Rehabilitation"** is used as the basic teaching curriculum for the Ohio Black Lung Program;
9. Assurance that the applicant has in place **written standards of care** for primary care and/or pulmonary rehabilitation services that are consistent with all program requirements and are overseen by the Medical Director, and assurance that the agency will utilize practice guidelines and

recommendations developed by recognized professional organizations and other federal agencies in the provision of evidence-based primary care and pulmonary rehabilitation services;

10. Assurance that the applicant can provide, either directly or through tracked referral, **benefits counseling** for both federal and state Black Lung benefits assistance and referral or assistance with all necessary human services, and that every patient chart contains a summary of the patient's eligibility for State and or Department of Labor benefits;
11. Assurance that: **quality assurance** activities are in place, quality improvement efforts initiated by ODH will be fully implemented with and overseen by the Medical Director, and that the applicant will create a mechanism to assure that **patient satisfaction survey** information from miners is given to the organization's Board of Directors for review and action;
12. Assurance that the agency has the capacity to implement the **data collection** system utilized by the project which documents the provision of Black Lung funded services;
13. Assurance that the agency will conduct a **needs assessment** of the local area and create a budget, a Health Care Plan and a Business Plan to address the health care needs of the local community.
14. Assurance that the **outreach coordinator** participates in developing and implementing a written outreach marketing plan that includes a calendar of all planned activities;

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Name of Agency

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Signature and Title

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Phone Number:

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Date:



Ohio is located in the northern portion of the Appalachian Coal Basin, which is one of the largest coal fields in the United States. Ohio's coal region covers thirty-two counties, and is located to the south and east of a line that would stretch roughly from Portsmouth through Zanesville to Youngstown. It is estimated that Ohio has 11.5 billion tons of economically recoverable coal reserves. In 2012 a total of 2,189 coal miners worked in coal production.

### 2012 Ohio Coal Production

	County	Most Productive	Number of Mines
1	Belmont	1	11
2	Carroll	11	2
3	Columbiana	12	2
4	Guernsey	10	1
5	Harrison	2	7
6	Jackson	8	4
7	Jefferson	5	5
8	Mahoning	13	1
9	Nobel	6	5
10	Perry	3	4
11	Stark	9	6
12	Tuscarawas	4	10
13	Vinton	7	3

For more information on coal production and consumption in Ohio and across the nation, go to [Ohio Division of Geological Survey, Report on Ohio Mineral Industries](#) and [U.S. Department of Energy, Energy Information Administration](#).

<http://ohiodnr.com/Default.aspx?alias=ohiodnr.com/mineral>

#### Mine Safety

<http://www.dnr.state.oh.us/mineral/training/tabid/10369/Default.aspx>

<http://www.dnr.state.oh.us/geosurvey/pdf/02minind.pdf>

#### ODH website

<http://dwhouse.odh.ohio.gov/datawarehousev2.htm>